

NEWSLETTER

Secretary Sebelius Highlights SMP Volunteers

SENIORS FIGHT BACK AGAINST MEDICARE FRAUD

By Kathleen Sebelius, Secretary of Health and Human Services

President Obama is making unprecedented strides in cracking down on health care fraud – already over \$10.7 billion has been recovered since he took office. And thanks to the Affordable Care Act, we have even more tools to stop fraud – including more law enforcement boots on the ground and more time in prison for criminals. We're also using state-of-the-art technology to spot fraud, similar to what your credit card company uses. As a result, prosecution of health care fraud cases is up 75% since 2008.

But for all of our new technology and investigative muscle, the most valuable resource we have in the fight against Medicare are the millions of seniors who serve as our eyes and ears. Seniors who notice services they never received on their Medicare statements often provide the first tip that fraud is happening, so we've redesigned Medicare statements to make them easier to read and understand. And our Senior Medicare Patrol (SMP) programs are educating seniors, family members, and caregivers around the country about the importance of reviewing their Medicare notices to identify errors and report potentially fraudulent activity.

That's why the Obama Administration is investing more in the Senior Medicare Patrol. Today, the HHS Administration for Community Living announced more than \$7 million in new funding to support Senior Medicare Patrol projects around the country. This investment means more seniors will learn how to stand up for Medicare and will have even more support when they suspect that something isn't quite right.

Seniors are paying attention and they are fighting back against the fraudsters who are trying to steal from Medicare.

I heard from a Medicare beneficiary in Texas who was asked to sign a work order for his diabetes supplies. He said that normally he would have just signed and thrown the paper away. But he had recently heard a presentation from the SMP at his adult day center, so he looked more closely and noticed that he was being charged \$7,000 for one month's supply. So he asked his home nurse to help him call the National Hispanic SMP and together they figured out that the supplier was going to charge Medicare for 100 boxes of diabetes test strips and 100 boxes of lancets, even though he'd received only one of each. The SMP helped resolve the case and made sure that Medicare only paid for the supplies he actually needed and received.

Jerry Gilman, a 68 -year-old Vietnam veteran from California, has a medical condition that often makes him dizzy and in danger of falling. His daughter, Deborah, and his doctor arranged for him to have a motorized chair to help him get around. But the chair that arrived was not the chair that Mr. Gilman ordered. It was smaller, flimsier, and made by an entirely different manufacturer. Deborah called the supplier, but their hands were tied – Medicare had already processed the payment for the chair. So Deborah turned to the SMP for help. After weeks of investigating, they uncovered that someone had intercepted Mr. Gilman's order and replaced it with the less sturdy chair. The SMP was able to work with Medicare to correct the problem, get Mr. Gilman the correct chair, and make sure that Medicare wasn't charged twice.

Chuck Johnson in Montana received a telemarketing call offering him diabetic testing supplies that he didn't want or need. But even though he was clear with the caller that he did not want anything, charges for those supplies showed up on his Medicare statement anyway.

Mr. Johnson got in touch with the SMP to see if they could help fix the problem. Not only did his call mean that Medicare recovered money in his case, it also opened up a broader investigation into the organization that called him and could result in additional savings and prevented fraud.

These three stories are eye opening, but they are not unique. More than 1.5 million seniors have called SMP programs in cities around the country to ask questions and report potential fraud. Together they've saved Medicare and the federal government in excess of \$100 million.

To all of you reading your Medicare statements carefully and tipping us off to fraud, I say thank you. And I know your fellow American taxpayers say thank you, too. To learn more about the SMP program and to join us in our fight against Medicare fraud, go to www.stopmedicarefraud.gov.

<http://www.healthcare.gov/blog/2012/09/medicarefraud092012.html>

Posted September 20, 2012

INSIDE THIS ISSUE:

FRAUD in the News.....	Pgs 2-3
SCAMS.....	Pg 4
OIG 2012 Accomplishments.....	Pg 5
Appreciation Luncheon.....	Pgs 6-7
Hearing Impaired—ASL Video.....	Pg 8
Your Most Valuable Credit Card.....	Pg 9
Terminology.....	Pg 10
Phone Numbers /Websites	Pg 11
SMP Mission.....	Pg 12



DEC. 12, 2012

SETTLEMENT REACHED WITH PHARMACEUTICAL COMPANY

Pfizer to pay Arkansas nearly \$1 million as part of multistate agreement

LITTLE ROCK —Attorney General Dustin McDaniel announced today that he and 33 other attorneys general have reached a \$42.9 million settlement with Pfizer Inc. to resolve allegations that the drug company unlawfully promoted its drugs Zyvox and Lyrica.

McDaniel alleged that Pfizer violated state law by deceptively marketing both drugs to Arkansas medical providers. Pfizer is alleged to have made misleading and unsubstantiated claims about the benefits of Zyvox over a similar antibiotic. Moreover, McDaniel alleged that Pfizer illegally promoted Lyrica for off-label uses.

"Pharmaceutical companies are required to appropriately and legally promote their drugs to consumers," McDaniel said. "When they fail to do so, our office will pursue them for their violations and hold them accountable." McDaniel filed a consent judgment in Pulaski County Circuit Court to settle the claims against Pfizer.

Arkansas will receive \$945,406 as its share of the settlement.

As a result of the consent judgment, Pfizer agreed to reform how it markets Zyvox and Lyrica. The pharmaceutical manufacturer is prohibited from making false, misleading or deceptive claims when comparing the effectiveness of Zyvox to the drug vancomycin, and it is also prohibited from promoting any Pfizer product for off-label uses.

HOUSE PANEL CRITICIZES CMS ANTI-FRAUD EFFORTS

Members of the House Energy and Commerce Health Subcommittee are looking to the private sector for suggestions to fight Medicare fraud and abuse. Representatives of the health insurer Wellpoint talked about their efforts to mine data on practice patterns and spot spikes in payment or identify emerging areas of fraud potential. Their system flags the most egregious billers and investigates them for potential waste, fraud, and abuse, which has resulted in a projected savings of \$27 million and a return on investment that may be as much as 15-to-1.

WellPoint also discussed its program to monitor prescribing of controlled substances, and a program that tries to nab "bogus providers" - those who do not actually perform services for real patients - an expensive problem in Medicare. During the hearing, Kathleen King of the Government Accountability Office cited numerous recommendations that the office has made but CMS has not implemented. Some lawmakers also expressed support for a CMS pilot program to develop a secure Medicare smart card - an electronic identification card encrypted with beneficiaries' personal information. Part of the concept is to make it harder for thieves to fraudulently use patient's personal information to bill for services never delivered.

The Medicare Common Access Card Act of 2011, H.R. 2925, would create such a pilot, but hasn't gained momentum in Congress since being introduced last year. "Smart cards may help address the problem of identity theft," said Rep. Henry Waxman (D-Calif.). "However, reducing identity theft will not eliminate fraud"

—David Pittman, MedPage Today 11/29/12

PHARMACY ALIGNS WITH HOSPITALS TO REDUCE READMISSIONS

10/16/12 - Pharmacy giant Walgreens announced a program that it believes will help hospitals reduce readmissions by using pharmacists to coordinate patient care during admission and discharge. Hospitals are under the gun to lower average readmission rates since CMS started assessing financial penalties October 1. At its core, Walgreen's program, called WellTransitions, lifts the burden of medicine reconciliation off of the patient, and off hospital staff. Joel Wright, Vice President of Health Systems Operations for the retailer, says "When a patient is admitted, we would be brought in, and we would help provide medication history, rather than starting with a blank sheet of paper. When the patient is ready to be discharged, a Walgreens pharmacy staff member will make bedside deliveries of medications a patient will need to take home. After that, a clinician will follow up with regular phone calls to make sure the patient is taking medication properly, and see that an appointment has been made with their primary care physician.

—Jacqueline Fellows, HealthLeaders Media

FRAUD IN THE NEWS —



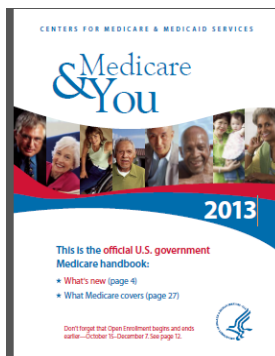
For FY 2012, the Office of Inspector General has reported expected recoveries of about \$6.9 billion for Medicare and Medicaid fraud. Here are some year-end highlights:

- ♦ Medicare Fraud Strike Force operations in seven cities led to charges against 91 individuals – including doctors, nurses and other licensed medical professionals – for their alleged participation in Medicare fraud schemes involving approximately \$429.2 million in false billing. Said Attorney General Eric Holder, “Such activities not only siphon precious taxpayer resources, drive up health care costs, and jeopardize the strength of the Medicare program – they also disproportionately victimize the most vulnerable members of society, including elderly, disabled and impoverished Americans” (HHS Press release, 10/4/12).
- ♦ Davit Mirzoyan pled guilty in Manhattan Federal Court to racketeering and other crimes in connection with his involvement in an Armenian-American criminal organization involved in a wide range of criminal activity, including a massive Medicare fraud. Mirzoyan led a nationwide scam that fraudulently billed Medicare by creating dozens of “phantom clinics” that existed only on paper. At least 118 fraudulent Medicare providers, located in approximately 25 states, submitted fraudulent bills to Medicare totaling approximately \$100 million (U.S. Dept. of Justice Press release, 10/26/12).
- ♦ A Georgia nursing home operator was convicted of defrauding the government of \$33 million while committing nursing home neglect at three facilities he ran in 2004-2007. According to the FBI, this is the first time a defendant has been convicted for submitting Medicare and Medicaid claims for services so deficient that the judge ruled them to be ‘worthless.’ (4/3/12).
- ♦ Two McCallen, TX clinic employees used the provider number of a physician suffering from Parkinson’s disease and dementia to fraudulently bill Medicare and Medicaid \$344,000 for services the physician was medically incompetent to perform. Conspiracy to commit healthcare fraud carries a maximum punishment of 10 years’ imprisonment and a maximum fine of \$250,000 (9/28/12).

If you are on original Medicare and have not received your copy of the **2013 Medicare & You** handbook, please call SHIP at **1-800-224-6330** or SMP at **1-866-726-2916**.

You can also download it—

www.medicare.gov



The **Medicare & You** handbook is your guide to what Medicare does and does not pay for. It is a summary of Medicare benefits, coverage options, rights and protections, and answer to the most frequently asked questions about Medicare.

BE INFORMED! Know the ins and outs of Medicare in order to more effectively detect fraud, errors and abuse on your Medicare Summary Notice (MSN).

Click on this link to access the DHHS Office of Inspector General’s updated report listing state enforcement actions that were taken regarding Medicare and Medicaid fraud cases in 2012: <http://go.usa.gov/ppp>.

<https://oig.hhs.gov/fraud/enforcement/state/index.asp>

**What does
SMP stand for?**
See answer on back!

Medicare Coverage for Chronic Conditions—

Medicare recipients with chronic conditions have had difficulty qualifying for home health skilled nursing and therapy services in the past. However, because Medicare can no longer deny coverage to patients whose conditions are unlikely to improve, it may be easier to get Medicare to pay for these services.

Anyone who filed a claim that was denied on or after January 18, 2011, on the grounds that their condition was unlikely to improve, is entitled to an appeal because Medicare will now pay for services to “maintain the patient’s current condition or prevent or slow further deterioration,” even if the patient is not expected to get better.

So, if you or a loved one were denied coverage for home health care or outpatient therapy services because of the so-called ‘Improvement standard,’ and that denial became final and non-appealable after January 18, 2011, you can ask to have the claim reviewed again.

Few seniors have the patience to question a coverage denial. If you feel that your claim is legitimate, appeal it! The appeal process outlined in the newly redesigned Medicare Summary Notice is now easier to understand. Or, for instructions on how to appeal a denied claim, see the “Self Help Packet for Home Health Denials” at medicareadvocacy.org.

Be aware of the following **SCAM(s)**:

AVOID SCAMS AFTER THE STORM—In the aftermath of the Christmas Day snow storm, Attorney General Dustin McDaniel warns all Arkansans to avoid scams from so-called ‘storm chasers’. Be cautious in your selection of contractors, as some non-reputable contractors may take advantage of homeowners by overcharging or failing to deliver on property damage and home repairs. Please follow these tips:

- ♦ You are urged to get estimates from at least three different contractors, preferably referrals from family/friends;
- ♦ Get a detailed written contract;
- ♦ Do not allow the contractor to negotiate with the insurance provider;
- ♦ Never pay in advance for any type of repair or debris-removal service - a homeowner should always be able to inspect the completed work before final payment is made.

For questions or to report a ‘storm chaser’ scam, call the Consumer Protection Division at (800) 482-8982.

NEW MEDICARE CARDS!—Unfortunately, this old scam has resurfaced! It has been reported throughout the state, so please be aware of callers asking for bank account information related to Medicare sending out NEW MEDICARE CARDS! Medicare is not issuing new Medicare cards! These callers are targeting those on Medicare and they are only seeking your personal information! Remember, Medicare will not call you and ask for your bank account information! Protect your Medicare number and bank account information like you would a credit card!

GRANDPARENTS SCAM!—Arkansans are again reporting this scam. The caller (usually muffled voice, hard to hear) says, “Grandma!?” Grandma says, “is that you Billy?” Caller then goes on to say that he is in trouble (ex: jail) out of the country, begs Grandma not to tell mom and dad, and asks that Grandma wire money to get him out of the trouble he is in. Grandparents are often awoken from sleep and want to help their grandchild who is in trouble. Be aware —once the money is wired, there is no way to get it back!

“YOU MAY LOSE YOUR MEDICARE!”—Medicare recipients in Arkansas, as well other states nationwide, are receiving calls from callers threatening beneficiaries that unless they give their bank account numbers in order to verify their identity, they will “lose their Medicare.” One beneficiary recorded the phone number, however, when calling it, they received a recording, with no business name given. The recording says, *if you are calling us, you are responding to a phone call you received from one of our sales reps. If you hang up, we’ll try to contact you again in the coming days. If you wish to be removed from this number press 3.* **Warning**...if you receive this call, **do not press 3!** Please be aware of this scam and do not give any personal information over the phone.

SCAMS IN THE AFTERMATH OF HURRICANE SANDY—

- ♦ Displaced seniors moving into other areas are often placed in senior housing facilities where legitimate service providers are onsite to help them as they work through the numerous issues around being a refugee far from home. However, this is a convenient venue for Medicare fraud scammers offering scooters, free home health care, etc. to these victims. Please be proactive in watching for scammers.
- ♦ The Rhode Island SMP reported a ‘Hurricane Sandy Scam’ targeting Social Security beneficiaries—The caller claimed to be from the Social Security Administration and informed the beneficiary that unless she provided her husband’s Social Security number, his payments would be delayed for several months due to computer damage caused by Hurricane Sandy. The caller is simply trying to obtain your personal information.

**REPORT ALL SCAMS TO THE ARKANSAS
SENIOR MEDICARE PATROL 1-866-726-2916**

FRAUD TIP! When you receive a call that appears to be a scam, try to gather as much information as possible about the person or business calling and then report the call(s) and all information to the SMP 1-866-726-2916; OR simply hang up...IT’S A SCAM!

Department of Health & Human Services (DHHS) Office of Inspector General (OIG)

Summary of Fiscal Year 2012 Accomplishments

For FY 2012, the DHHS OIG reported expected **recoveries** of about **\$6.9 billion** consisting of \$923.8 million in audit receivables and \$6 billion in investigative receivables (which includes \$1.7 billion in non-HHS investigative receivables resulting from its work in areas such as the States' shares of Medicaid restitution).

About \$8.5 billion was also identified in savings estimated for FY 2012 as a result of legislative, regulatory, or administrative actions that were supported by its recommendations. Such savings generally reflect third-party estimates (such as those by the Congressional Budget Office) of funds made available for better use through reductions in Federal spending.

The DHHS OIG reported FY 2012 exclusions of 3,131 individuals and entities from participation in Federal health care programs; 778 criminal actions against individuals or entities that engaged in crimes against HHS programs; 367 civil actions, which include false claims and unjust-enrichment lawsuits filed in Federal district court, civil monetary penalties (CMP) settlements, and administrative recoveries related to provider self-disclosure matters.

PROTECTING ARKANSANS

Protecting Arkansans is an educational, town hall-type seminar sponsored by AARP in partnership with the Office of the Arkansas Attorney General, Arkansas Securities Department, Arkansas Insurance Department, and Arkansas Department of Human Services, *bringing state government to you with the message of consumer protection and fraud awareness.*

Look for the 2013 event schedule in future newsletters or please call **1-866-726-2916** for more information.

WHY DO I NEED TO READ MY MEDICARE SUMMARY NOTICE (MSN)?

Your Medicare Summary Notice is the statement that informs you of the services provided to you that Medicare HAS ALREADY PAID FOR. It lists the amount the provider charged Medicare, the amount Medicare actually paid the provider, and any remaining charges you (and/or your secondary insurance) may be responsible for. It is important that you verify that these charges should have been paid by Medicare.

Reporting any discrepancies to the SMP will go a long way in fighting fraud, errors and abuse.

HOW DO I READ MY MEDICARE SUMMARY NOTICE (MSN)?

SMP recommends that you keep a Personal Health Care Journal (for a free copy call 1-866-726-2916) and record your doctor appointments, lab tests and any other medical services you receive. You should then compare the journal with the MSN to verify that the statement is accurate. Ask yourself these questions:

- Did I see that provider on that day?
- Did I receive that services?

- Is there more than one charge for the same service on the same day?

If you see any problems, you should first call the provider to correct any error. If you are not satisfied with the outcome, please call the Arkansas SMP 1-866-726-2916.

SSA Announces 1.7 Percent Benefit Increase for 2013

Courtesy of the SSA Press Office



Monthly SS and SSI benefits for nearly 62 million Americans will increase 1.7 percent in 2013. Increased payments to more than 8 million SSI beneficiaries began on December 31, 2012.

The Center for Disease Control and Prevention's National Center for Health Statistics (NCHS) reported that the percentage of doctors adopting electronic health records has increased from 48 percent in 2009 to 72 percent in 2012.

Medicare Summary Notices (MSNs)

are mailed quarterly to Medicare beneficiaries.

Your MSNs include personal and medical information. These documents need to be treated with special attention.

Review your MSNs to be sure that the information is correct and the claims filed on your behalf should have been paid by Medicare.

Providers have one year from the date of service to file a claim on your behalf.

Keeping your MSNs 5-7 years allows you to monitor Medicare's payment activity.

When the time comes to dispose of the hardcopy of your MSNs, shredding is the best prevention against unscrupulous people who will steal your identity and use your Medicare information.



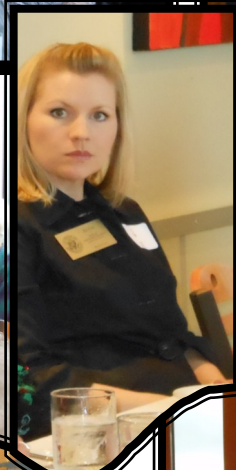
To sign up to receive email consumer alerts from your Attorney General, please log on to:

gotyourbackarkansas.org/alerts/sign-up-for-alerts/

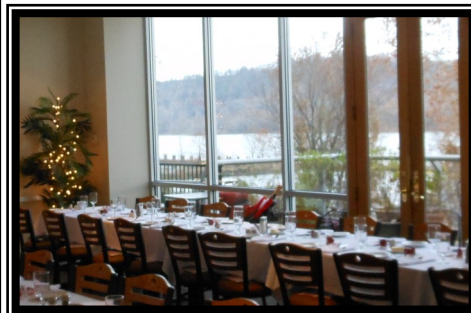
**2nd Annual
ADVISORY COUNCIL and
VOLUNTEER
APPRECIATION
LUNCHEON
December 4, 2012
Brave New Restaurant
Little Rock, AR**

The overall sentiment of this year's luncheon was "JOY"! Krista Hughes, Director of DHS Division of Aging & Adult Services shared a heartfelt message wishing for joy to be in the hearts of our volunteers and partners as they continue to devote their time to the seniors and disabled of our state.

The SMP is very appreciative of the hard work of our volunteers and the dedication of our Advisory Council members and partners!



Arkansas Senior Medicare Patrol (SMP) VOLUNTEERS



**We are
better at
what we
do, and it
is all
because of
YOU!**



Below is an acrostic of the word **VOLUNTEER** using comments made by members and volunteers in response to the question: "What would you like to say about your experience as an SMP volunteer?" These comments were made during the Advisory Council & Volunteer Appreciation Luncheon held on December 4, 2012.

WE VALUE AND THANK OUR DEDICATED PARTNERS AND VOLUNTEERS FOR THEIR INVOLVEMENT IN OUR PROGRAM!

- Voice**— "Seniors need an advocate to speak for them, to be their VOICE." —*John*
- Outreach**— "There are people out there who are hurting, and are lost, and need us to help them out, and we can do this through OUTREACH with the SMP program." —*LaVerne*
- Learn**— "When we LEARN better, we do better." —*Catherine*
"Informed people are saved from the anguish they are otherwise destined for." —*Julian*
- Understand**— "Seniors need to know how to read their Medicare Summary Notice and UNDERSTAND it and know what to look for – they believe what they hear and read without the important information we give them." —*Carolyn*
- Needs**— "As times get hard, the NEEDS of our seniors get greater." —*Bill*
- Time**— "Seniors need us to take the TIME to listen to them, it is so important to listen to their stories." —*Mary Lou*
- Exercise**— "Spending time wisely in retirement consists of: 25% EXERCISE (first on the list because staying healthy allows me to do the other things); 25% favorite hobby or interest (playing bridge); 25% travel; and 25% volunteering to help protect those seniors who are being taken advantage of." —*Judy*
- Enjoyment**— JOY was Krista's wish for all volunteers in the coming year – that each one have joy in their hearts, satisfaction in volunteering, and are blessed for their efforts. —*Krista*
- Reach Out**— "Thankful that I was taken seriously," and I can use my expertise to REACH OUT to the senior population through writing grants and finding monies for programs to help seniors and the disabled. —*Gloria*

DEFINITIONS:

Premium—the monthly fee you pay to have Medicare.

Deductible—What you must pay before Medicare starts paying for your care.

Copayment / Coinsurance —The amount you pay for each service.

Benefit Period —A benefit period begins the day you start getting inpatient care. It ends when you haven't received inpatient hospital or skilled nursing facility care for 60 days in a row.

Coverage Gap Threshold (Donut Hole)—When you and your plan together have spent \$2,970 (2013) on covered drugs since the start of the year.

Catastrophic Coverage Limit —When you get out of the donut hole, having spent \$4,750 out-of-pocket since the start of the year (2013) - this does not include what the plan has paid toward your drugs.

Out-of-Pocket Costs—What you've spent on covered drugs since the start of the year (deductible, copays); 50 percent of the discount for brand-name drugs while you're in the donut hole (the 2.5% government discount does not count toward your out-of-pocket costs); and any drug costs paid by family members, most charities, State Pharmaceutical Assistance Programs, AIDS Drug Assistance Programs, or the Indian Health Service.

2013 *Original Medicare*:

Part B premium is: \$104.90

Part A deductible is: \$1,184.00

Part B deductible is: \$147.00

**“One thing you
can't
recycle is...
wasted time.”**

Make your time count!

VOLUNTEER

for the

Arkansas SMP!

***Call 1-866-726-2916
for information on
volunteer opportunities!***

DID YOU KNOW?

Home Health Aides are often as old as their Clients—2.5 million home health workers, largely female, are far older than women in the general workforce, and are especially well suited to the job!

(Jennifer Ludden, NPR)

Medicare Interactive is available only through the Medicare Rights Center. Medicare Interactive is a dynamic, independent online resource of free information that helps older adults and people with disabilities navigate the complex world of health insurance.

www.medicareinteractive.org

**MEDICARE
INTERACTIVE** one
Medicare answers at your fingertips

MEDICARE REMINDER!

MEDIGAP—The best time to buy a Medigap policy is during YOUR Medigap six-month open enrollment period because during this time you can buy any Medigap policy sold (in your state), even if you have health problems. This enrollment period automatically starts the month you turn 65 and enroll in Medicare Part B. During this time you may buy a MEDIGAP policy (supplemental plan that helps pay for gaps in Original Medicare coverage) without a waiting period on pre-existing conditions. Once this time period is over, you cannot get a Medigap policy again without being subject to medical underwriting.

ARE YOU OR SOMEONE YOU KNOW HEARING IMPAIRED?

Log on here to review Medicare Basics in American Sign Language (ASL):

<http://www.youtube.com/watch?v=eskZVAg7v0o>

American Sign Language (ASL) - Medicare Basics

The video is designed to reach people with difficulty seeing or reading, as well as those who just prefer to get information through a video format. Videos are a great tool, as ASL is a visual language that includes expression in hands, face and body to get a message across. Julie Ann Chavez, a counselor with Arkansas-based **Julie Ann and Associates**, appears in the video. Ms. Chavez serves as a volunteer SHIIP counselor where she is available to help persons with disabilities with their Medicare needs.

The video was produced by the Centers for Medicare and Medicaid Services in collaboration with the Make Medicare Work Coalition. Funding was provided by the Michael Reese Health Trust, the Retirement Research Foundation and the Illinois Senior Health Insurance Program, with additional support from Arkansas Senior Health Insurance Information Program.



**IF YOU KNOW OF A HEARING-IMPAIRED AUDIENCE THAT WOULD BENEFIT FROM RECEIVING
THE MESSAGE OF HEALTHCARE FRAUD PREVENTION,
PLEASE CALL THE ARKANSAS SENIOR MEDICARE PATROL (SMP) — 866-726-2916**

YOUR MOST VALUABLE CREDIT CARD

—Written by Gloria Gordon and published in
MATURE ARKANSAS (November 2012 Issue)

What's the most valuable credit card in your wallet? If you're over 65 like me, it's your Medicare card – so valuable in fact that you probably shouldn't carry it in your wallet. While your VISA or MasterCard may have a \$10,000-25,000 line of credit, your Medicare card opens the door to hundreds of thousands of dollars of healthcare services from doctors, hospitals and allied health professionals nationwide courtesy of Uncle Sam.

We've all heard cautionary tales of identity theft and stories of criminals who can run up huge credit card bills in your name, empty your bank accounts, and destroy your credit rating, but we don't hear enough about medical identity theft – where thieves use your Medicare number to get medical treatment, prescription drugs, and even major surgery, or the huge criminal enterprise in our country built around using stolen Medicare numbers to charge for healthcare services **never provided at all**. Each year unscrupulous providers steal an estimated \$70 billion from Medicare and Medicaid.

The Centers for Medicare & Medicaid Services — the agency that administers Medicare and Medicaid — has new authority under the Affordable Care Act to crack down on fraudulent providers and screen potential healthcare providers to avoid paying fraudulent claims, but we all have a

responsibility to protect our Medicare benefits and keep Medicare premiums from increasing every year by reviewing our Medicare statements to be sure that we received the services that were billed. If you thought that errors in your Medicare bill aren't your problem, think again. As taxpayers, we all pay for Medicare fraud that drives up costs and increases our annual deductible and monthly premiums.

So what can you do? Protect your Medicare number. Never give it to people you don't know. Never accept medical services or supplies from door-to-door salespersons, especially if they ask you for your Medicare number. Medicare does not solicit door-to-door. Don't give your Medicare number to a caller who says he represents Medicare. Medicare will not call you. Avoid providers who tell you that an item or service is not usually covered, but they "know how to bill Medicare." When you see an advertisement that promises, "all costs are covered," don't believe it. Healthcare services are rarely free. And finally, if you suspect an error in your Medicare bill or you want to do more about preventing healthcare fraud, contact the Arkansas Senior Medicare Patrol at 866-726-2916 (www.daas.ar.gov/asmp.html).

Gloria Gordon is an active advocate and volunteer for the Arkansas Senior Medicare Patrol, AARP, and for people with disabilities.

WHAT IS MEDICAID FRAUD?

Intentionally providing false information to get payments or services that a person or a business is not entitled to. This means using information that is NOT TRUE to get medical care or services paid for by the Medicaid program.

**YOU Can Help Fight Medicare Fraud!
Join the Arkansas SMP!**

**FOR
VOLUNTEER OPPORTUNITIES
CALL**

—1-866-726-2916—

House members are urging Medicare to change its ID cards to prevent ID theft by calling for the passage of a bill (The Medicare Identity Theft Prevention Act) that would prohibit including a Social Security number on Medicare identification cards. The Center for Medicare

and Medicaid Services (CMS) said that the costs to change the system could be as high as \$843 million. There are over 4 million claims processed daily, amounting to over \$1 billion, and this type of change needs to be handled correctly to avoid any disruptions for doctors and for patients.

Rep. Lloyd Doggett, D-Texas says that seniors who have spent their entire lives building their financial security, should have the same protection against thieves with access to their Medicare identification number, as those who use private insurance.

**-Kelly Kennedy
USA TODAYShare**

“LIKE” US ON **FACEBOOK!**

www.facebook.com/ARSMP

View pictures, latest fraud in the news, videos, etc.! See what’s happening the world of FRAUD!

WHAT TO DO IF YOU (not your provider) WANT OR NEED TO FILE A CLAIM DIRECTLY TO MEDICARE —

Go to:

<http://www.medicare.gov/medicareonlineforms/>

Click on the form entitled:

PATIENT’S REQUEST FOR MEDICAL PAYMENT (CMS FORM 1490S)

This form is used by beneficiaries to file a claim with Medicare for services and/or supplies received.

You will need to print out both the CMS Form 1490S and instructions (2 pgs). The address for submission of the form is included in the instructions.



Theresa Horton, Director of the South Central Center on Aging in Pine Bluff hosts an SMP exhibit booth on September 27, 2012 during SENIOR DAY at the Fair.

Medicare

Matters—

Expect It,

Protect It!

**“The oldest
trees often
bear the
sweetest
fruit!”**

DID YOU KNOW?

New research suggests older people may be targeted by fraudsters because their brains work differently when it comes to spotting scams — not because they’re blindly trusting.

“The consequences of misplaced trust can be ruinous.”

It turns out that the part of the brain that gives off those “gut feelings” about whether someone is potentially devious is less active in older people. And that diminished capacity begins sometime in our 50s, and victims of fraud tend to be over age 50.



MEDICARE ADVANTAGE

DISENROLLMENT PERIOD

If you’re in a Medicare Advantage plan, you’re allowed to switch to traditional Medicare program (and a Part D drug plan) during a special “disenrollment” period that runs from

January 1

to

February 14.

(Valentine’s Day!)

A good way to remember these dates:

If you don’t ‘just LOVE it,’ you can leave it!

Call **1-866-726-2916** to receive your copy of the quarterly SMP Newsletter in the mail!

**The Arkansas SMP
is scheduling presentations
for the new year!**

**If you would like us to come to
your area to speak about
current scams and health
care fraud prevention,
call 1-866-726-2916**

TERMINOLOGY:

Medical Identity Theft—the appropriation or misuse of a patient’s or a provider’s medical identifying information (such as a Medicare number) to fraudulently obtain or bill for medical care. It can create patient safety risks and impose financial burdens on those affected. Medical identity theft may also lead to significant financial losses for the Medicare Trust Funds and taxpayers.

<https://oig.hhs.gov/oei/reports/oei-02-10-00040.pdf>

Compromised Number Database—CMS’s compromised number database, first released in February 2010, contains beneficiaries’ and providers’ Medicare numbers that have been involved in, or are suspected of having been involved in, medical identity theft and those that are vulnerable to medical identity theft.

CMS’s response to medical identity theft has centered on maintaining a database of compromised beneficiary and provider numbers. As of February 2012, the database contained the Medicare numbers of almost 284,000 beneficiaries and 5,000 providers.

IMPORTANT PHONE NUMBERS:

AANHRR —AR Advocates for Nursing Home Residents	501-450-9619
AFMC —AR Foundation for Medical Care	1-888-354-9100
Area Agency on Aging	1-800-986-3505
Arkansas Attorney General Consumer Protection Division	1-800-482-8982
APS —Adult Protective Services (DHS)	1-800-482-8049
AR-GetCare —(Directory of Community-Based Services)	1-866-801-3435
Arkansas Rehabilitation Services	1-800-981-4463
AR SMP (Healthcare Fraud Complaints)	1-866-726-2916
Better Business Bureau (BBB)	501-664-7274
CMS —(Medicare)— (Centers for Medicare and Medicaid Services) (1-800MEDICARE)	1-800-633-4227
Community Health Centers of AR	1-877-666-2422
Coordination of Benefits	1-800-999-1118
DHS (Customer Assistance Unit)	1-800-482-8988
Do Not Call Registry	1-888-382-1222
Elder Care Locator	1-800-677-1116
Federal Trade Commission Report STOLEN IDENTITY	1-800-438-4338
ICan —Increasing Capabilities Access Network	501-666-8868
Medicaid —(Claims Unit)	1-800-482-5431
Medicaid Fraud Control Unit	1-866-810-0016
MEDICARE (CMS 1-800-MEDICARE)	1-800-633-4227
Medicare Part D	1-877-772-3379
Medicare Rights Center	1-800-333-4114
National Consumer Technical Resource Center	1-877-808-2468
National Medicare Fraud Hotline (1-800-HHS-TIPS) Office of Inspector General	1-800-447-8477
OLTC —Office of Long Term Care	1-800-LTC-4887
OLTC —Abuse Complaint Section	501-682-8430
Ombudsman —Statewide Office of Long Term Care	501-682-8952
Resource Center (ADRC) (DHS'S Choices in Living Resource Center)	1-866-801-3435
Senior Circle (Northwest Health System)	1-800-211-4148
SHIP (Senior Health Insurance Information Program)	1-800-224-6330
SMP Locator —(locate an SMP outside AR)	1-877-808-2468
SSA (Social Security Administration) Little Rock Office	1-800-772-1213 1-866-593-0933
SSA Fraud Hotline	1-800-269-0271
South Central Center on Aging	1-866-895-2795
Tri-County Rural Health Network	1-870-338-8900
UALR Senior Justice Center	501-683-7153
UofA Cooperative Extension Service	501-671-2000

HELPFUL WEBSITES:

ADRC—AR Aging & Disability Resource Center (DHS)—
www.choicesinliving.ar.gov/

AR-GetCare— www.ARGetCare.org
(Directory of Community-Based Services)

AR Advocates for Nursing Home Residents—
www.aanhr.org; e-mail: Info@aanhr.org

AR Long Term Care Ombudsman Program—
www.arombudsman.com

Arkansas 2-1-1— www.arkansas211.org (Get Connected. Get Answers)

Arkansas Aging Initiative — <http://aging.uams.edu/?id=4605&sid=6>

Attorney General— www.arkansasag.gov

Arkansas Attorney General Consumer Protection Division—e-mail: consumer@ag.state.ar.us

Area Agencies on Aging—www.daas.ar.gov/aaamap.html

Arkansas Foundation for Medical Care—www.afmc.org

Arkansas SMP—www.daas.ar.gov/asmp.html

BBB (Better Business Bureau)— scams and alerts—
<http://arkansas.bbb.org/bbb-news/>

CMS (Medicare-Centers for Medicare and Medicaid Services)
— www.cms.hhs.gov

Do Not Mail— www.DMAchoice.org

Elder Care Locator— www.eldercare.gov

H.E.A.T— www.stopmedicarefraud.gov/
(Healthcare Fraud Prevention and Enforcement Action Team)

ICan AT4ALL— Tools for Life—www.ar-ican.org

MEDICAID—www.Medicaid.gov

MEDICARE— www.medicare.gov

Medicare Interactive Counselor—
www.medicareinteractive.org

Hospital Compare— www.hospitalcompare.hhs.gov

MyMedicare.gov— www.mymedicare.gov
(Access to your personal Medicare claims information)

MyMedicareMatters.org (National Council on Aging)

Office of Long Term Care— <http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

Office of Inspector General—e-mail: HHSTips@oig.hhs.gov

Pharmaceutical Assistance Program—
medicare.gov/pap/index.asp

Physician Compare— www.medicare.gov/find-a-doctor

SMP Locator— SMPResource.org (locate an SMP outside of AR)

Social Security Administration— www.ssa.gov/dallas/state_ar.html

TAP— www.arsinfo.org (Telecommunications Access Program)

Tri-County Rural Health Network—
communityconnecting.net/home.html

UofA Cooperative Extension Service—
www.uaex.edu (or) www.arfamilies.org

Working Disabled—www.workingdisabled-ar.org



OUR MISSION

TO EMPOWER SENIORS

- * Medicare/Medicaid beneficiaries
- * People with disabilities
- * Nursing home residents & their families
- * Caregivers



TO PREVENT HEALTH-CARE FRAUD

Protect Personal Information

- * Treat Medicare/Medicaid and Social Security numbers like credit card numbers
- * Remember, Medicare will not call or make personal visits to sell anything!
- * READ and SAVE Medicare Summary Notices (MSN) and Part D Explanation of benefits (EOB), but **shred** before discarding

Detect Errors, Fraud, and Abuse

- * Always review MSN and EOB for mistakes
- * Compare them to prescription drug receipts and record them in your Personal Health Care Journal
- * Visit **www.mymedicare.gov** to access your personal account online to look for charges for something you did not get, billing for the same thing more than once, and services that were not ordered by your doctor, etc.

Report Mistakes or Questions

- * If you suspect errors, fraud, or abuse, report it immediately! Call your provider or plan first.
- * If you are not satisfied with their response, call the Arkansas SMP

TO RECRUIT & TRAIN VOLUNTEERS

- * Retired seniors
- * Retired health-care providers
- * Retired professionals, *e.g.*, teachers, accountants, attorneys, investigators, nurses

To receive the Arkansas SMP Newsletter electronically
email: kathleen.pursell@arkansas.gov

Current and archived newsletters available at:
www.daas.ar.gov/asmpnl.html



P. O. Box 1437 Slot S530
Little Rock, AR 72203-1437
<http://www.daas.ar.gov/asmp.html>

To Report Fraud, Waste & Abuse
Call the Toll-Free **Helpline**
8:00am-4:30pm: **1-866-726-2916**

SMP PARTNERS

El Dorado Connections RSVP
El Dorado, AR

EOA of Washington County RSVP
Springdale, AR

Texarkana RSVP
Texarkana, AR

RSVP of Central Arkansas
Little Rock, AR

Garland County RSVP
Hot Springs, AR

**Tri-County Rural Health
Network, Inc.**
Helena, AR

UALR Senior Justice Center
Little Rock, AR

**Senior Health Insurance
Information Program (SHIIP)**
Little Rock, AR

**UAMS Arkansas Aging Initiative
CENTERS ON AGING**

**Arkansas Foundation for Medical Care
(AFMC)**
Fort Smith, AR

ANSWER: Senior Medicare Patrol